## **Complete Summary**

#### TITLE

Radiology: percentage of final reports for CT examinations performed with documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure.

## SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

## **Measure Domain**

#### PRIMARY MEASURE DOMAIN

**Process** 

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

## **SECONDARY MEASURE DOMAIN**

Does not apply to this measure

## **Brief Abstract**

#### **DESCRIPTION**

This measure is used to assess the percentage of final reports for computed tomography (CT) examinations performed with documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure.

#### **RATIONALE**

While the use of computed tomography (CT) in adults and children has increased nearly 7-fold in the past 10 years, data suggests that the lifetime risk for cancer can be increased, albeit by a small amount, with frequent or repeated exposure to ionizing radiation. The BEIR (Biological Effects of Ionizing Radiation) report concluded that "the linear no-threshold model (LNT) provided the most reasonable

description of the relation between low-dose exposure to ionizing radiation and the incidence of solid cancers that are induced by ionizing radiation." Although dose reduction techniques, such as automated exposure controls, have been shown to reduce radiation dose by 20-40%, broad use of procedures or protocols is not in place to tailor CT examinations to the patient for dose reduction. As children are more sensitive to radiation and have a longer anticipated lifespan over which time cancerous changes may occur, the As Low As Reasonably Achievable (ALARA) concept is of particular concern in this population. The National Cancer Institute has noted "adjustments are not frequently made in the exposure parameters that determine the amount of radiation children receive from CT, resulting in a greater radiation dose than necessary."\*

\*The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:

Radiologists, radiologic technologists, and all supervising physicians have a responsibility to minimize radiation dose to individual patients, to staff, and to society as a whole, while maintaining the necessary diagnostic image quality. This is the concept "As Low As Reasonably Achievable (ALARA)." (American College of Radiology [ACR])

Facilities, in consultation with the medical physicist, should have in place and should adhere to policies and procedures, in accordance with ALARA, to vary examination protocols to take into account patient body habitus, such as height and/or weight, body mass index or lateral width. (ACR)

The dose reduction devices that are available on imaging equipment should be active or manual techniques should be used to moderate the exposure while maintaining the necessary diagnostic image quality. (ACR)

#### PRIMARY CLINICAL COMPONENT

Computed tomography (CT); radiation dose reduction

## **DENOMINATOR DESCRIPTION**

All final reports for Computed tomography (CT) examinations performed

## **NUMERATOR DESCRIPTION**

Final reports for CT examinations that include documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## **Evidence Supporting Need for the Measure**

## **NEED FOR THE MEASURE**

Use of this measure to improve performance

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Frush DP. Review of radiation issues for computed tomography. Semin Ultrasound CT MR2004 Feb;25(1):17-24. [41 references] PubMed

## **State of Use of the Measure**

#### STATE OF USE

Current routine use

## **CURRENT USE**

Internal quality improvement

## **Application of Measure in its Current Use**

#### **CARE SETTING**

Ambulatory Care Ancillary Services Hospitals Physician Group Practices/Clinics

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

**Physicians** 

## LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

**Individual Clinicians** 

## **TARGET POPULATION AGE**

All patients, regardless of age

## **TARGET POPULATION GENDER**

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

## **Characteristics of the Primary Clinical Component**

## INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories** 

#### **IOM CARE NEED**

Staying Healthy

## **IOM DOMAIN**

Safety

## **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All final reports for Computed tomography (CT) examinations performed

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

All final reports for Computed tomography (CT) examinations performed

#### **Exclusions**

None

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Diagnostic Evaluation Encounter

#### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

#### Inclusions

Final reports for CT examinations that include documentation of use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure

**Note:** Physician will need to document that radiation dose reduction device (i.e., automated exposure control) was turned on for each scan or that the ALARA protocol was followed for manual techniques (i.e., patient-size-specific scan parameters), while maintaining the necessary diagnostic image quality.

## **Exclusions**

None

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Encounter or point in time

## **DATA SOURCE**

Administrative data Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

## **Computation of the Measure**

#### **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

## **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## STANDARD OF COMPARISON

Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Measure #7: CT radiation dose reduction.

## **MEASURE COLLECTION**

The Physician Consortium for Performance Improvement® Measurement Sets

## **MEASURE SET NAME**

Radiology Physician Performance Measurement Set

#### **SUBMITTER**

American Medical Association on behalf of the American College of Radiology, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

#### **DEVELOPER**

American College of Radiology National Committee for Quality Assurance Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

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## FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2007 Oct

#### **REVISION DATE**

2009 Feb

#### **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 42 p.

## SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

#### **MEASURE AVAILABILITY**

The individual measure, "Measure #7: CT Radiation Dose Reduction," is published in the "Radiology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: <a href="www.physicianconsortium.org">www.physicianconsortium.org</a>.

For further information, please contact AMA staff by e-mail at cgi@ama-assn.org.

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on February 1, 2008. The information was verified by the measure developer on April 10, 2008. This NQMC summary was updated by ECRI Institute on April 23, 3009. The information was verified by the measure developer on September 16, 2009.

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